

**UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT**

SUBMIT IN TRIPLICATE*
(Other instructions on reverse side)

Form approved.
Budget Bureau No. 1004-0135
Expires August 31, 1985

SUNDRY NOTICES AND REPORTS ON WELLS
(Do not use this form for proposals to drill or to deepen or plug back to a different reservoir.
Use "APPLICATION FOR PERMIT—" for such proposals.)

1. OIL WELL GAS WELL OTHER

2. NAME OF OPERATOR
Beta Development Company

3. ADDRESS OF OPERATOR
238 Petroleum Plaza Bldg. Farmington, New Mexico

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.)
At surface
NW/4 of NW/4 990' F/ NL & 790' F/ WL

14. PERMIT NO. _____

15. ELEVATIONS (Show whether by _____)
6353 Ground

5. LEASE DESIGNATION AND SERIAL NO.
NM 409840

6. IF INDIAN, ALLOTTEE OR TRIBE NAME _____

7. UNIT AGREEMENT NAME _____

8. FARM OR LEASE NAME
Tibbar Federal

9. WELL NO.
3

10. FIELD AND POOL, OR WILDCAT
Basin Dakota

11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA
Sec. 24, T-26-N, R-9-W

12. COUNTY OR PARISH
San Juan

13. STATE
New Mexico

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DEC 27 1985**

**BUREAU OF LAND MANAGEMENT
FARMINGTON RESOURCE AREA**

16. Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:		SUBSEQUENT REPORT OF:	
TEST WATER SHUT-OFF <input type="checkbox"/>	PULL OR ALTER CASING <input type="checkbox"/>	WATER SHUT-OFF <input type="checkbox"/>	REPAIRING WELL <input type="checkbox"/>
FRACTURE TREAT <input type="checkbox"/>	MULTIPLE COMPLETE <input type="checkbox"/>	FRACTURE TREATMENT <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
SHOOT OR ACIDIZE <input type="checkbox"/>	ABANDON* <input type="checkbox"/>	SHOOTING OR ACIDIZING <input type="checkbox"/>	ABANDONMENT* <input type="checkbox"/>
REPAIR WELL <input checked="" type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	(Other) <input type="checkbox"/>	
(Other) <input type="checkbox"/>		(NOTE: Report results of multiple completion on Well Completion or Recompletion Report and Log form.)	

17. DESCRIBE PROPOSED OR COMPLETED OPERATIONS (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work. If well is directionally drilled, give subsurface locations and measured and true vertical depths for all markers and zones pertinent to this work.)*

Repair 4½" Casing Leak.

rig up work over rig, install B.O.P., load hole with 2% KCL treated water, pull 208 jts. 2 3/8" EUE tubing, run bridge plug on tubing to 50' above Greenhorn Formation @ approx. 6280'. Run packer on 2 3/8" tubing, find holes in casing, squeeze with 450 sacks, Class "H" cement w/ 8% gel, 2% Calcium Chloride added, 778 Cubic Feet slurry volume. W. O. C. 12 to 24 hrs., drill out cement with 3 3/4" bit, test 4½" csg. to 1500#. If ok put well on production, if not re-squeeze and test again.

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OIL CON. DIV.
DIST. 3**

18. I hereby certify that the foregoing is true and correct

SIGNED D. E. Baxter TITLE Superintendent DATE 12-26-85

(This space for Federal or State office use)

APPROVED BY _____ TITLE _____ DATE DEC 27 1985

CONDITIONS OF APPROVAL, IF ANY:
df

APPROVED

DEC 27 1985

for _____
STEPHEN MASON

*See Instructions on Reverse Side

NMOCC